Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10747840

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			22				RA	TE	FEE	7	RATE	FEE
FOR					NUMB	ER EXTRA	BASI	FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	22 minus 20= * S				X\$	9=		OR	X\$18=	36
INDEPENDENT CLAIMS			\int minus 3 = \times \checkmark				X4	3=		OR	X86=	344C
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT						 	1	•	217
* If	the difference	e in column 1 is	ero, enter "0" in column 2			+14			OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column						Old Hill Z	TOT	TAL ,		OR	TOTAL	1150
CLAIMS AS AMENDED - PAR (Column 1) (Colum						(Column 3)	SMA	ALL	ENTITY	OR	OTHER SMALL	
_	T	CLAIMS		HIGHES		(Coldinii 3)						
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA	RAT	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$:	9=	. •	OR	X\$18=	
ME	Independent	* .	Minus	***		=	X43	}=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14!			1 1	. 200-	_
								5 =		OR	+290=	·
							TC ADDIT.	TAL		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=	
١ME	Independent	*	Minus	***		=	X43	_		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-	-	Ŭ'''		
							+145	i=		OR	+290=	
	•						TO ADDIT. I	TAL		OR ,	TOTAL ADDIT. FEE	
		(Column 1)			(Column 2) (Column 3)			٠				
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBEI PREVIOUS PAID FO	R SLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***		=	X43:	_	;	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_		ľ		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
** (1	** If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL DDIT. FEE	
T	he "Highest Num	mber Previously Paid	id For (Total or	Independent)	is the	highest number for	ound in the	e app	ropriate box	in colu	ımn 1.	